

Need more information?

For more information about the School Support Team, please contact:

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For a copy of this application, visit the OPI Web site (www.opi.mt.gov).



Linda McCulloch, Superintendent

Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.mt.gov

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2005 School Support Team Application



Linda McCulloch, State Superintendent

Montana Office of Public Instruction

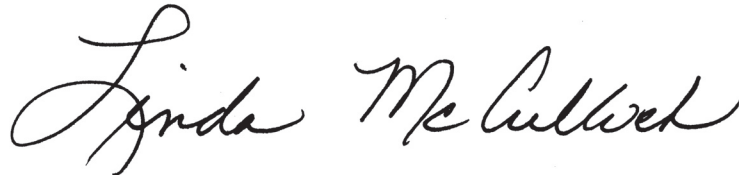
**PO Box 202501
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Message from the Superintendent of Public Instruction

The Office of Public Instruction is dedicated to the academic success of all students, and it is my goal to provide technical assistance to all schools in their pursuit of student achievement. Providing on-site support teams is a new and exciting way to bring Montana schools, districts, and the Office of Public Instruction together in a collaborative conversation about what works best for our students.

The School Support Team effort will supply all schools visited with a roadmap for the next steps in their continuous school improvement process, and support will be available for schools and districts as they move forward in this process.

With the efforts of the School Support Teams the future will remain bright for every Montana student.



Linda McCulloch
Montana State Superintendent



What is a Scholastic Review?

A Scholastic Review is a comprehensive review of the learning environment, organizational efficiency and the academic performance of schools and districts. Review findings will be used to determine the type and level of support necessary to continuously improve student academic performance in each school and district reviewed.

How will schools and districts be evaluated?

A School Support Team, using documents developed by the OPI and supported by research-based strategies, will evaluate schools and districts. The review process results in recommendations unique to each school and district to improve teaching and learning. Schools and districts will be advised to incorporate these recommendations into their Five-Year Comprehensive Education Plan and will receive resources to support this process.

Which schools and districts will be reviewed?

Schools identified for improvement, corrective action, or restructuring will be subject to review. As the review teams conclude these visits, other schools may be subject to review.

Who should apply?

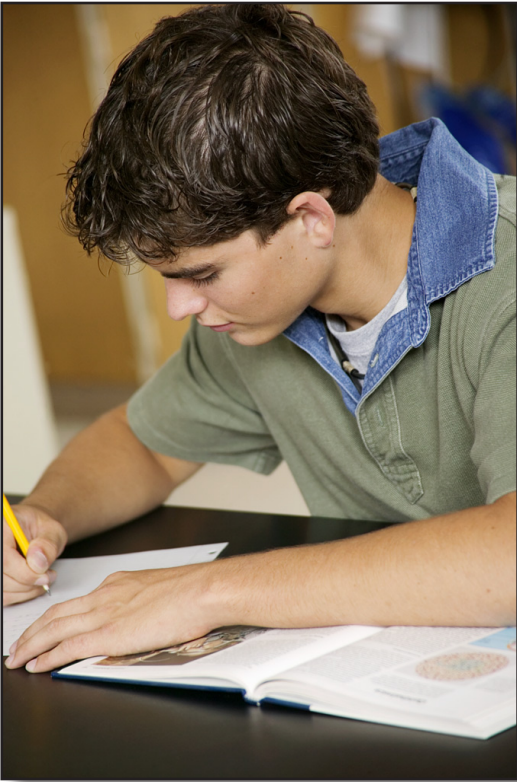
- Active or *retired teachers
- Active or *retired school level administrators
- Active or *retired district level administrators
- Active or *retired university faculty members

**prefer retired in the last two years*

What responsibilities will a team have?

The School Support Team shall:

- Make recommendations for assistance to the school and district.
- Submit a comprehensive report following the site visit to the OPI regarding:
 1. specific recommendations to improve teaching and learning for inclusion in the school's improvement plan,
 2. the evaluation of school based decision making in the critical instructional areas,
 3. the identification of the assistance and resources needed to assist in the revision of the school improvement plan,
 4. the identification of priorities and strategies, which the school or district may adopt to support the improvement effort, and
 5. the identification of district strengths and limitations of its schools' instructional and organizational effectiveness, where applicable.



Individual Commitment Statement

• Please read carefully and sign •

By applying to be a School Support Team Member, I am participating in a selection process. Further, I will respect the integrity and fairness of the process and those associated with it. In the event that I am selected and accept the position of School Support Team Member, I agree to perform the duties as outlined.

I agree to:

- Participate in a training provided by the OPI.
- Be available during the months of November 2005 through March 2006. I understand that I may be replaced on a team if I am not able to commit to the full schedule of reviews assigned.
- Spend approximately four-six days on-site for each school reviewed. I understand that the on-site visits begin Sunday evening and includes evenings.
- Assist the team in writing and completing a report of inventory findings.

I understand:

- Team members and leaders will be part-time employees of the Montana Office of Public Instruction.
- Each team member will receive an hourly wage of \$16.39 for his/her participation in the process and reimbursement for travel, meals, and lodging at state rates.
- Each team leader will receive an hourly wage of \$19.99 for his/her leadership role and additional responsibilities, and reimbursement for travel, meals, and lodging at state rates.
- Each team leader will be required to participate in two-three days of additional training at the same rate.

Signature	Date
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How do you apply to serve as a School Support Team Member?

To apply to serve as a School Support Team Member, complete the application attached and return to:

BJ Granbery
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
bgranbery@mt.gov

OR

Margaret Bowles
Office of Public Instruction
PO Box 202501
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mbowles@mt.gov

The School Support Team

Confidential Reference Questionnaire

• Important Information—Please Read •

Please use this form to submit your recommendation for the applicant regarding the position of School Support Team Member. This reference should be submitted as soon as possible. References not submitted on this form, or a copy, cannot be accepted. This is confidential and not shared with the applicant.

Please mail within four days of receipt to:

Margaret Bowles
Office of Public Instruction
1300 11th Avenue
PO Box 202501
Helena, MT 59620-2501

Full name of applicant you are recommending for designation as a School Support Team Member:

Applicant's Title/Position:

Full name of person completing this form:

(Last)

(First)

Title/Position: _____

Work Telephone: _____

Relationship to School Support Team Member applicant (check appropriate category):

☐ Supervisor ☐ Colleague ☐ Friend ☐ Family ☐ Other _____

How long have you known the applicant? _____

Reference Questions

Please answer the three questions located on the back of this sheet.

Reference Questions

1.

What personal characteristics does the applicant have that you believe enables him/her to successfully work with others?
2.

What professional experiences and characteristics qualify this applicant as a School Support Team Member?
3.

What are this applicant's greatest assets as an educational leader and supporter of school reform?

School Support Team Application

Office of Public Instruction
School Support Team Member
Deadline: November 1, 2005

Name: _____

Which role group(s) reflect your experience? (Check all that apply.)

- ☐ active or *retired teacher
- ☐ active or *retired school level administrator
- ☐ active or *retired district level administrator
- ☐ active or *retired university faculty member
- ☐ parent or legal guardian

**prefer retired in the last two years or previous experience*

Present or Former Employer: _____

Work Site (if applicable): _____

Work Telephone (if applicable): _____

Home Telephone: _____

Home Address: _____

E-mail Address: _____

Ethnicity (optional): _____

Include the following with this application:

- One-page resumé citing professional experiences and work history,
- Your responses to the “Candidate Self-Assessment Questionnaire” below, and
- Your signed “Individual Commitment Statement” (see back).

Confidential Reference Questionnaire:

- Ensure that one professional reference using the “Confidential Reference Questionnaire” is submitted on your behalf.

Selection Criteria

A selection committee comprised of the Office of Public Instruction (OPI) personnel will review applications and select participating members. Members will be notified by November 30, 2005. This committee will base the selections on the following criteria:

- Strength of resumé and experience,
- Strength of the Candidate Self-Assessment Questionnaire, and
- Strength of the Confidential Reference Questionnaire.

Candidate Self-Assessment Questionnaire

Please rate yourself in the following areas by checking the appropriate box:

3 = Strong Skills; extensive experience in this area

2 = Moderate Skills; some experience in this area

1 = Novice; limited experience in this area

Skills Needed to be an Effective Team Member	3	2	1
Professional Judgment			
Organizational Skills			
Written Communication Skills			
Working with Diverse Groups			
Analyzing and Interpreting Assessment and Other Data			
Working with Parents/Community			
Interpersonal Skills			
Facilitation Skills			
Presentation Skills			